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# *The* **Dental Assistant**

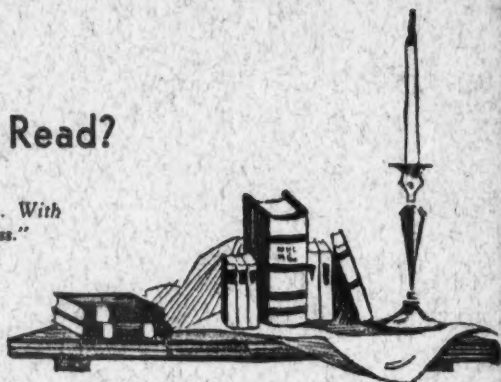
A Monthly Publication

MAY, 1933

VOLUME II, NUMBER 5

# What Do You Read?

*"Tis knowledge we seek. With  
knowledge comes success."*



If the dental assistant would intelligently perform the duty of her service to the dentist and patient, she should have a broad acquaintance with all matters that affect the dental profession as well as those that pertain directly to the practical phases of her work. Nothing will aid her more to understand what the dentist is trying to accomplish in health service, and the part she plays in rendering that service, than well directed reading. The following current articles are suggested:

<b>Journal of the American Dental Assn.</b>	<b>April, 1933</b>
"A Practical Dietary for Children"	Page 677
"A Baseless Rumor" (Editorial)	Page 719
"Accepted Dental Remedies"	Page 723
"Do You Have Some Practical Ideas?"	Page 732
"List of Books from the Library Bureau"	Page 747
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"Dental Deformities in Children of Parents with Hutchinson's Teeth"	Page 348
"Further Discussion of the Future of Dentistry"	Page 379
"The Control of Emergencies Arising During General Anesthesia"	Page 381
"Dentists Adopt Arbitration Plan to Meet Economic Emergency"	Page 401
<b>Dental Items of Interest</b>	
"Endocrine Glands and the Teeth"	Page 259
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"Dentistry as a Public Health Measure"	Page 25
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"Relationship Between Diet and Dental Caries"	Page 38
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"The Question of Fees"	Page 542
"Cash Discounts for Patients"	Page 563
"Diet and Some of Its Dental Phases"	Page 583
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"Dental Assistants and Secretaries"	Page 100
"Development and Eruption of Teeth"	Page 112
"The Ritter Counsellor"	Center of Book

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# The Dental Assistant

JULIETTE A. SOUTHARD, *Editor-Manager*

GERTRUDE GEHM, *Subscription Chm.*

ROSEMARIE CORNELIS, *Chm. Publication Com.*

## Contributing Editors

FLORENCE D. CLARK  
Brooklyn, N. Y.

MARIE SILLAY SHAW  
Atlanta, Ga.

ZELLA EIGHMY  
Los Angeles, Cal.

MILDRED F. GRAHAM  
Chicago, Ill.

HELEN WASSER  
Pittsburgh, Pa.

HARRIET HAMANN  
Portland, Ore.

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## Dental Nurses and Dental Secretaries in England

By Dr. F. R. Mallory, London, England

*Address Presented Before the Ontario D. A. Assn., Toronto, Canada, August, 1932*

**F**IRST I would like to thank you and your committee for asking me to be one of your guests today. It is a great pleasure to see the progress you have made in your society since I left Toronto ten years ago. I do not remember hearing much of your society before I left, and now I understand you have city and town societies as well as provincial, and no doubt in the future you will have a Dominion society also. I congratulate you on your success and may that success lead you higher still.

I wonder if I can tell you about dental nurses and dental secretaries in England? In the first place there are no training schools where girls may go to get any training of this type, and to my mind it is a great pity. I have often been asked by our ladies wishing to become dental secretaries, where they could go for such training. The problem of establishing a training in London will be much greater than it has been in Canada, because there are no definite plans for teaching dentistry in London. There are no dental colleges in England. Each dental hospital, where dental students are trained, is a part of a general hospital, and also a part of a Medical Faculty, and each of these dental hospitals has worked out its own system of teaching. In Canada, all dental teaching and all dental practice is more or less along the same plan. The Eastman Clinic in London is trying to educate a few women to do the hygienist's work, but it will be difficult for them to get going, in view of the fact that the law does not allow any hygienist, or any dental nurse to do anything in dentistry.

There are two types of dentists in England on the Dental Register—the qualified, and the unqualified dentist. To have one's name on the Dental Register, it is necessary to satisfy the General Medical Council of Great Britain, who keep the Register, that your education has been equal to their standard. This is done by examination or by their recognition of the education you have had as a graduate of some university. About 50 per cent of the dentists on the Register belong to each of the two types mentioned. The unqualified dentists can never be increased, because the Act of 1921 decided that. This Act was one something similar to one that was passed in Ontario in 1867. In time all the 1921 dentists will disappear. Previous to 1921 anyone could practice dentistry in England; and today anyone may practice medicine in England, with two drawbacks. Unless you are a registered physician or surgeon you cannot sign a death certificate, and you cannot sue for an account. Nearly all the qualified dental surgeons in England, believing that dentistry is a branch of surgery, call themselves "Mr", and there is no Doctor's Degree that I know of in England, either in surgery or dentistry.

Some remarks about the dental offices in London might be interesting. In the first place, the word "OFFICE" is never used in reference to anything, or to describe anything, in medicine; and dentistry in England is distinctly a branch of medicine. The dental surgeon in England calls his place his "surgery" or his "rooms." In the ten years I have

been in England I have only known one man who had rooms in an office building. It is just not done. Nearly all the offices are in residences, and the usual way is to practice in the house you live in, using the dining room as a waiting room, as well as a dining room, and the consulting rooms and workshop will therefore be on different floors. You will realize that in these conditions, practicing in London is very different as far as the secretary and the assistant are concerned, from what it is in Canada. Apparently, the whole idea is to keep the atmosphere of the practice much more homelike and confidential, than as a business organization, as is the case in Canada. The size of the operating rooms is very much larger than you have here. One of our operating rooms is 25x16 and has four windows, and although I own the house, the land is a leasehold on a 999 years lease, and the ground landlord would not permit me to divide this room into two.

Practices in England are different in many ways to those in Canada. For instance, specialism is unknown as we know it here. In London there is only one dental specialist that I know of, and he is an Orthodontist. Another noticeable difference is that nearly all the extracting is done under a general anesthetic, and this anesthetic is given by an M.D. specialist, who goes about from office to office, taking his outfit with him. Another difference is in the ready delivery of dental supplies. In Toronto I know that your dental depots in this respect are wonderful, they will get anything you want quickly. In London it is quite different. My secretary ordered a parcel to be sent to me at once, "special." It came twenty-four hours afterwards, and when it came it had a label on it three inches long in red letters marked "RUSH," which you will agree was

simply ridiculous and laughable, not to mention its evidence of monumental incapacity, when I tell you I could have walked to the depot from my office in fifteen minutes easily.

Most of what I have said has reference to practice among the middle and upper classes. The poor are provided for in England in charitable hospitals and dispensaries, but of recent years an attempt has been made to tackle this huge problem of the relief of the poor in dentistry, at such a fee as is within their means. It is known as the "Paul System," and consists of a fixed scale of charges administered and overlooked by officials appointed for the purpose. It has hardly gotten beyond the experimental stage, and is by no means perfect. The same problem will come to you some day for solution in Canada, and when that day comes, you will do well to study the English system and profit by our experience.

I wish to place before you an aspect of your work which in my opinion is not so generally recognized by dentists and patients as it should be; it is, briefly, the wide difference between a trade and a profession, as it is illustrated in the dentist's work. Trade is concerned mainly with the production of commodities (things) of a material kind, which may not be necessary to any individual or person, save in so far as he or she may wish to buy them in a market or shop which is open to all equally. In recent years it is familiar to you in the shape of "mass production." The motor car, the gramophone, or a wireless set are put on the market and you may buy each if you like it, at a listed price which fits nothing but your pocket, and it is open to the whole world to buy at that price in the same way. Conditions in a profession are different. A

profession is a special service by an individual or individuals, for a special service to another individual or group of individuals, for example, to a public company. It cannot be bought in a shop at a known price, and must be suited to the individual needs of the person who seeks for it. Apply this to dentistry, and a moment's reflection will show you that it is in the strictest sense of the term, a profession. This conception is not commonly realized and acted upon by dental practitioners as it should be, and if you will permit me to say so, herein lies an opportunity for you in your daily work, to promote an ideal. Now with this in mind, let us look at dentistry generally, and in comparison with other professions. Dentistry is fast becoming a health profession—this was not always so. Broadly, treating the teeth is only a part of dentistry. The teeth are only a part of the mouth, and the mouth a part of the body, and after all, the health of the body is what we are trying to help. The mouth being the entrance of all food, is a very, very important organ, and must be treated as an essential part of the larger organism. Research in dentistry has just started, and is helping make dentistry proficient.

So much for the professional and scientific sides. How about the other side and the men practicing it? I fear they do not realize their value to themselves or to the public: their outlook is poor and not well defined: for example—when a dentist makes a denture, or renders any other service for a patient, he should clearly recognize the double nature of the service he gives his patient. He should differentiate in his own mind between the materials he uses (gold, porcelain, etc.) as materials, and the value of himself and his judgment, his experience, and his intellectual endowment generally, in the applica-

tion of these materials to his purpose, but the majority of men do not. I feel that it can only be done by separating material from personality. Personally I feel it would be a great step forward if we could get all dental fees so marked and divided. A lawyer makes a fee plus his expenses and disbursements, and I think that the sooner we dentists make our fees plus our outgoings, being mechanical expense, etc., the sooner will our patients value our personal professional attributes, and not mix these up with the material, the mechanical side, as they would value a gun or a fishing rod. There is an old story told of a patient getting something in his eye. After trying many general practitioners, he went to an eye specialist. The eye specialist removed the obstruction from the eye in less than a minute, the patient asked the fee, and the M.D. said ten dollars. The patient said, "That is a very large fee for a minute." The M.D. said, "My fee for taking out the piece in your eye was one dollar, and my fee for my knowledge of how to take it out was nine dollars." Apply this story to dentistry; don't you think if a dentist said to his patient, "My fee for making the denture is so much, plus whatever the denture costs me to have made," he would be stating his case more honestly, and so add to his personal and professional dignity? Don't you think if we did this the public would change their present confused and wrong ideas? And here is your chance. No one can help the dentist to do this work of moulding public opinion, like his secretary. The dentist's fee is not for an article, but for knowing how, and his secretary can do as much, or more than the dentist himself to impose this view on his patients. I would like to suggest that you add this to your conception of your duty.



## Collections

By Ann Dickenson, Read Before the 5th District D. N. & A. Society  
Atlanta, Georgia, February, 1933

IN endeavoring to give "helpful hints" about collections, we must begin from the very moment the indebtedness is incurred, and so to speak, "follow through." First, there must *always* be a definite understanding in regard to the fee, and in order that this understanding may be reached, we must know as much as possible about this individual, who is our patient. In our office, we require that the assistant fill out a chart with all possible information that can be tactfully obtained, and before the patient is admitted for an examination, an up-to-date, complete record is secured, by telephone, through a credit service exchange of which we are members. In this way, we have full credit reports on each person whose name is on our appointment book, whether they are coming to the hygienist for a prophylaxis, or to the doctor for surgical treatment. These reports are very helpful, as they give all details about the person's financial standing, his accounts, how they are, and have been taken care of for a number of years, his income, and general reputation. This knowledge gives the doctor a great advantage in knowing just what can be expected of the patient, and how lenient it would be wise to be in handling their account. When the case is diagnosed and the patient is aware of the treatment required, the doctor quotes his fee for the services. As our practice is a specialty, the fees are quoted for the case, and not as individual charges for each visit. In giving the patient a definite fee for the work, he knows just what his indebtedness will be, and there is no chance of a misunderstanding, or any "comeback" that certain charges made

for professional services rendered are exorbitant. The patient undertakes the treatment with his eyes wide open.

The next step is to arrange for payment and when a check for the case may be expected. When the doctor has stated his fee for the case, and the patient accepts it, he sends them to the business office, where *all* business transactions are made. Here the patient and I have a definite understanding as to when payment can be expected, and the amounts. We do not put down on the agreement, which is written on the chart in front of the patient, that payment will be expected *about* such and such a day, but definitely that it will be due on the fifth, or twelfth, and also the exact amount that can be depended upon, and as they have already accepted the doctor's figure for the case, it is not such a difficult job to have them cooperate with you, in agreeing to do their best to settle the account. When you have a heart to heart talk about an account, if you are a reader of human nature at all, along with your confidential credit information about this person, you know whether or not the agreement made is dependable. We have found it very satisfactory to have the financial understandings made with the secretary. In this way, if the patient is delinquent in payments, they do not resent a call or a letter from the secretary, for they realize she is the one with whom they have promised to do this thing, for which they are being reminded. Some people agree to pay cash on completion of their work, and this of course, solves the collection problem, but there are others who must have terms, and

thus we have our contract accounts.

Contract accounts require system and sometimes great persistence. If a check or cash is not received on exactly the day that a remittance has been promised, about noon the following day, the patient is called on the telephone, and after assuring them we realize they must have overlooked sending their check for the amount due, we ask if their payment might be expected in the next day's mail, or the following day's? *Always get a definite time in their answer, and make a notation of the conversation on the record chart.* Then, if they fail the second time, we give the patient another notice by telephone. If these promises are forgotten or neglected, we do not forget them, a note is written by the following day, reminding the patient their attention has been called to their agreement, and that we have not received their promised remittance, if there is any reason for the delay of the payment of the account, our cooperation will be given, otherwise, on such a date, it will be necessary to turn their account over for collection. It is important to be very careful about threats in the mail. It is a Federal offense to threaten anyone by letter. If you write to a patient that you are going to give their account for collection on a certain day, and no response is made by them during the time granted, if you do not send the matter to your attorney or collector on the mentioned date, the patient, if they have any legal knowledge, can turn your letter over to the government and you can be dealt with. If you turn the account over, as you have written the patient, you will be carrying out a true fact, but if you do not do what you positively say you are going to do, it is merely a threat to force payment. This is a simple thing from which serious trouble can arise.

In selecting outside representatives to collect our bills, we have chosen two. One is a very high type collection bureau, and when you turn an account over for their attention, there is very little possibility of the patient being offended by the method of collecting. The second collector is connected with a law firm. If it is necessary to take legal procedure, he is best suited to do so. I imagine, in all offices as in ours, there are always a few patients who can not be treated with too much consideration, and this second man is just the type to handle such cases, when the occasion demands. Usually where it is humanly possible to secure money from slow accounts, one of these two can do so. Sometimes, where one returns an account, when turned over to the other, collection is made. When an account is lost, and a patient is absolutely worthless, having tried these two sources, you feel sure the best that could be done has been done, and nothing else will be of avail.

During this time of unemployment, many patients who are perfectly honest and conscientious, have been unable to meet their promised payments. When we learn that they have lost their positions, we request them to keep in touch with us monthly, as to how they are getting along, etc., and we try to convince them of our cooperation in holding the account during their time of worry and depression. If we do not hear from them, we call and have a little chat. Usually, with this persistent, friendly attitude, our office is favored with at least a partial payment on account when they return to work, and receive their first pay check. We can also send a list of names of patients who are out of work to our credit exchange, and they will gladly notify us when they hear of the persons listed going back to work.

In specializing and treating by the case, we do not send out statements for partial treatment; therefore, our first statement is mailed upon the completion of the entire work. Sometimes the case runs over a period of six weeks, two months, and occasionally due to sickness, patients from out of town, etc., it may run over four or five months. In such cases, if the treatment is completed between

the first and the fifteenth of the month, a statement is mailed on the fifteenth.

This job of selling health for dollars is not so difficult, and we have found when there is any slip in collecting accounts, it can usually be traced back to not making the patient realize the importance of the obligation he has incurred, before an instrument is touched to his mouth.

## The Assistant—An All Important Factor of the Dental Practice Today

By G. Archanna Morrison, W. Roxbury, Mass.

**A** CAPABLE assistant is more essential today to the dental office than ever before. The adjective "capable" however, embodies a number of important requisites that stand out in bold relief in the make up of the successful assistant. She must have *initiative* . . . however, initiative without definite knowledge of her position and all that pertains thereto, is dangerous. Next she must have *an interest in people*; but primarily, an interest in her dentist employer and his success; then, an interest in all patients and callers to the office, and last (but not least) an interest in her own welfare and those dependent upon her. With such interests genuinely implanted in an assistant's character, she realizes *today* that she must take an active part in the "*stimulation*" of the dental practice with which she has the good fortune to be associated. Often the human selfish reason of self protection prompts sufficient initiative to make the assistant do her utmost to improve things; she realizes that "only through her doctor's success can she hold a worthwhile position," and that because of the number of den-

tists who are experiencing considerable decreases in their incomes, many assistants are finding themselves with meager salaries or entirely out of employment. However, her unselfish reason should be that she can only give her best if she is actively interested in the success of the practice, not only from a monetary point of view, but for what dentistry stands for as a worthwhile service to humanity.

Let us consider just how serious it is for an assistant to lose her position—the unfortunate girl is thrown with a number of other unemployed people, many of whom are even more capable than she; this causes discouragement, suffering, and probably a complete change in her mode of living and in her viewpoint of life . . . usually for the worse. Then too, her dentist employer suffers because it is impossible for him to render the thorough services to his clientele that he did with the able team work of a capable assistant. So we conclude that the assistant must do everything possible to retain an active part in the dental office, and at the same time receive a satisfactory remuneration.

To do this we must stimulate our appointment books—help the dentist render *thorough services* to all patients, and finally *collect* as much as possible, the money charged for the services.

There are two outstanding reasons why fewer people are visiting dental offices these days: (1) FEAR, (2) EXPENSE. These two illusions are created and fostered by the lack of appreciation of the value of a healthy oral cavity, and how it influences the general physical condition and appearance of any individual. If the public appreciated dental services and counselling from the standpoint of HEALTH, APPEARANCE, and EFFICIENCY, the thought of *fear* and *expense* would, in the very great majority of cases, be obliterated. In my contact with many dental practices, I observe that those which are either enjoying an increase over the past few years, or maintaining about the same average of business as in 1928, are doing everything possible to make their patients appreciate these facts. The offices that have a disinterested personnel, are certainly suffering the "pangs of loneliness" as it relates to lack of appreciative patients and income. When patients say that they must postpone dental attention because of either *fear of pain*, the sight of blood, or financial reasons, they do not KNOW that disease or other disturbances in the oral cavity can

incapacitate them, and thus place in jeopardy their possibilities of either securing a position or retaining the one they might be fortunate enough to have. Furthermore they do not realize that disease in the teeth or surrounding tissues cannot be "cured" by nature, dental attention is necessary, and the longer such attention is neglected the worse the conditions become, often causing additional financial outlay, and always greater suffering—both physical and mental. Then let us remember these days that dental attention is one of the best insurances we have for the employed or the unemployed. Also let us teach our clientele and the general public an appreciation of the dentist as a "*beautician*," for has it not been said that good looks are 75 per cent dependent upon healthy appearing teeth in proper alignment? Then it is one of our greatest responsibilities to impress upon the patients the foregoing facts, as we are all living in an age of very keen competition.

It is my earnest belief that the assistant can do a great deal to impart this knowledge to the laity, both in the office and in outside contacts. She should grasp every opportunity to let people know just why a dentist is so *important* to their *health* and *happiness*; she should "stand up" for the dental profession at all times, and let people know that she is proud of her association with it.

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## Extraction

"He who knows not, and knows not he knows not, is a fool—*Shun him.*

He who knows not, and knows he knows not, is docile—*Teach him.*

He who knows, and knows not he knows, is asleep—*Awaken him.*

He who knows and knows he knows, is a wise man—*Follow him."*

## Ambon and Doekoens and Tukang Gigis

WHAT do you want to know about this unhygienic, dentistless island? Needless to say, the oral conditions of the native inhabitants are in a deplorable condition. But if a good, honest, artistic dentist did come here the obstacles he would have to overcome before he could persuade a man to let him extract a tooth (free of charge), would exhaust his patience, even if he were a "child specialist."

First, a man with a bad tooth goes to a *Doekoen*, witch doctor, to find out which one of his friendly enemies has brought this ever present curse upon him. Now to determine this the *Doekoen* uses an age-old Eastern method, which has never failed to bring results. This turbaned, bearded villain bids his impatient patient be seated. After a few preliminary mutterings and passes, the *Doekoen* produces a tall glass filled with clean sparkling water and an assortment of dry rice kernels. Picking up one grain of rice, he gazes at it intently a moment, then he will blow upon it and mutter the name of some person. Perhaps it is one of the patient's parents or relatives. Perhaps it is an aged and respected member of the *Kampoeng* where he dwells. Perhaps just to make business a little better during the *malaset* (depression) he will suggest the name of the doctor. Now with all this done he solemnly drops the questioned kernel of rice in the glass of water. If it sinks, so-and-so is not guilty. If it floats, oh! . . . the culprit is apprehended and punished for causing the toothache devil to enter the patient. Now it's up to the *toothacher* to punish the offender and make him withdraw his evil enchantment. Perhaps the guilty party is the only Doctor in town. In case this is the case, poor Doctor, he will

never get another patient from the native populace of Ambon. If it is a new born baby who was guilty of the evil enchantment it will henceforth be regarded as a dangerous and powerful individual, one to be avoided and shunned but respected because of its power.

The Dutch government is not at all excited about the oral hygiene or unhygiene of its native population. This is a small island but its 17,000 cocoanut eaters have just as severe toothaches as the average American. A *Tukang Gigi* (workman of the teeth) offered me \$200.00 if I would come and assist him. I thanked him kindly, refused him friendly. After having worked with some of the masters of that honorable profession in America, it was not difficult to refuse to help that villain. My fingers itch to do something, but all circumstances forbid it. If some of you dentists and assistants wish to spend a beautiful vacation on a tropical island, where you can live inexpensively, swim in azure seas, take side trips to Banda, Bali, New Guinea, Borneo, Celebes, Java, Minado and Australia, come to Ambon for a few years. If you will inform me before you arrive the populace will be duly informed and will be on hand to greet you.

(The above bit of information regarding the practices of the "workmen of the teeth" on the Island of Ambon, in the New East Indies, is from the pen of a former dental assistant of Portland, Oregon, Mrs. Genevieve Graham Kime, now the wife of a minister of The Gospel who labors among the natives of that far away isle.)





## Parliamentary Procedure

By A Parliamentarian

(CONTINUED)

### ANNUAL MEETING OR CONVENTION ORDER OR BUSINESS (CONTINUED)

8. Welfare or Programs
9. Election of Officers
10. Installation
11. Adjournment.

*(All of the above will be fully explained as we go along).*

### CORRECT FORMULA FOR CONDUCT OF REGULAR MEETINGS

1. OPENING—The Presiding Officer raps the gavel (ONE SHARP STROKE) and says, "*The Meeting will please come to order,*" waits a moment and when all is quiet, she (or he) can give a greeting (very nice thing to do) or proceed directly to the next order of business which is the reading of the minutes, saying, "*We will listen to the reading of the minutes of the previous meeting.*" The Secretary rises and says, "*Madam President, Officers, and Members*" and proceeds to the reading, after having been recognized by the Presiding Officer who says, "*Madam Secretary.*" The Presiding Officer remains seated at all times when another person has the floor after being recognized. At the conclusion of the reading of the minutes, the Presiding Officer says, "*You have all heard the reading of the minutes of the previous meeting; are there any corrections?*" If no corrections are made, she continues: "*Hearing none, the minutes will stand approved as read,*" taps the gavel and says, "*They are so approved.*" If corrected, she says, "*With these corrections the minutes will stand approved as read.*" Some organizations precede the reading of the minutes by a "Roll Call"; this is done so as to ascertain if there is a *quorum* present to *legally* transact such business as is brought before the meeting. This is especially important if matters involving finances are considered and voted upon. In well constructed by-laws, the number of members which must constitute a *quorum* is always specified, and is based on the size of the organization. If there is no by-laws requirement for a *quorum*, the *quorum* of every assembly is a majority of all the active members of the society. This also holds good for committee meetings; i.e., should a committee have five members, a *quorum* is three. A "Roll Call" should always be called for an annual meeting, as only members in good standing (dues paid in full) can vote to elect officers or be elected as an officer. For an annual meeting, the Treasurer should prepare a typewritten list of all members in good standing, for the convenience of the Chairman of the Election Board, or Committee, who should make sure that all members voting are on that list.

Preceding the committee reports at regular meetings, the Presiding Officer usually calls for a STATEMENT from the Treasurer. (Not a REPORT as this is only given when the books of the Treasurer have been audited, usually immediately prior to an annual meeting, and the Treasurer's Report is accepted on the attestation of the Committee on Audit who is responsible for its accuracy.) The STATEMENT of the Treasurer should consist of the balance on hand at the last meeting, total of moneys received

since the last meeting, total of moneys paid out, and the present balance on hand. Only at Board or Executive Committee meetings should details of collections and expenses be given. At the close of the Treasurer's STATEMENT, the Presiding Officer says, "The Treasurer's Statement will be received as read and placed on file."

(To be continued)

## Germ

"HELLO, Mike Robe—Greetings and salutations!! I was pining for company. You know, this *repression* business has me goofy. Just sittin' round waitin' for something to happen makes me tired.—How can I be tired when I'm just sittin' round? Now don't be facetious. Haven't you ever heard of mental fatigue, when your brains just go round, and round, and round, and round, and—Oh! your brains got that way the other day when you leaned too far over the rim of that beaker of 3.2 suds the Doc was testing, and you managed to save yourself by hopping out on a bubble. Tssk, tssk, tssk, you are old enough to know better.—How old do I think you are? Well, that's easy, I'll tell you exactly. Here's a piece of paper and pencil, go and sit over there behind that bur so you can't accuse me of cheating. Ready? Put down the number of the month in which you were born, multiply this by 2, then add 5 to this product, and multiply the result by 50. To this total add your present age, and from that product subtract 365 (days in a year)—Now tell me what total you have—401—O.K. I'll add 115 to that which gives us 516—I point off the two figures on the right, 16, which is your age, and the one on the left, 5, is the month of your birth, May. Right? Of course I'm right. It never fails. I'm some little *additioner* and *multiplier*, eh? What's that, you brought me some pithy sayings for our column. Well, recite them."—"A fool can do more damage in one minute than a wise man can undo in six months"—"Things you can't explain are generally none of your business anyway"—"The closed mouth catches no insects"—"Take care of tomorrow, yesterday takes care of itself"—"Well, s'long, I'llbeseinye."

Yours for more activity. O  
T  
SPIRO KEET. A

P.S. Its the small things that bother us. One can sit on a mountain but not on a tack. Do you get the point?—"Circumstances are the nails upon which the weak hang their failures, and with which the strong build their successes."—"If you are looking for success—you will find it in the word itself—the second letter. Don't take things as they come—head 'em off."

## Question Box

Elizabeth V. Shoemaker  
Kew Plaza, Kew Gardens, N. Y.

Q. *We have a new sterilizer attached to a stand. When the instruments are boiled should I lift them out on the stand before drying?*

A. A white porcelain pan about 6 by 9 inches containing a small folded towel is a proper receptacle for instruments taken from the sterilizer with pliers. Place instruments between the folds of the towel until cool enough to handle and dry thoroughly. If the instruments should be placed directly on the sterilizer stand it would necessitate changing whatever is used for a cover.

Q. *What causes white substance in fixer solution?*

A. Unless some foreign matter has dropped into the fixer, the white substance must be some of the powder that has not been entirely dissolved. Care must be used in mixing both the developer and fixer. Follow directions explicitly. If you have added to the fixer from the supply bottle there may have been a sediment which should have been strained out through clean muslin; gauze, being too coarse, permits fine particles to strain through.

Q. *Is it necessary to more than dip X-ray films in plain water after taking from the developer and placing in the fixer?*

A. Rinse films at least 5 seconds between developer and hypo bath

(fixer) by raising and lowering them several times in the rinse water. This prevents yellow stains and lengthens the life of the hypo.

Do you know that—Great care must be used to keep the X-ray machine free from dust as its presence near the high tension wire may cause a spark to jump and puncture the tube. In another issue of the Dental Assistant we advised using the air attachment on the unit to blow out all the dust in the "radiator" of the X-ray machine.

Do you know that—Paper tray covers, 12 by 18 inches are very useful to place on the cabinet under the slab when mixing cements and using medicaments that stain.

Do you know that—A 2% solution of Stearic acid in acetone, painted on a DAMP stone model will make the stone much harder and also give it a lustre. Polish the model after acid and acetone have dried and the model can be washed in soap and water without destroying the detail. Particularly good for orthodontia models. Sent in by Mildred A. Pringle, President, Los Angeles Dental Assistants Association.

Do You Know That—If the dentist uses an oil stone for sharpening instruments, it can be cleaned by applying a drop of oil after using and rubbing with paper tissues.

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We invite our readers to send in questions and suggestions. Personal replies will be sent upon receipt of self addressed and stamped envelope. Data must be received the 8th of the month for the issue of the succeeding month.

## Educational and Efficiency Society

### For Dental Assistants

1st District, N. Y., Inc.

#### MEETING

Tuesday, May 9th, 1933, at 7:30 P. M., at the Dentists Supply Co., 220 W. 42nd St., New York City.

This meeting is for members only, being the Annual Meeting. All members are requested to attend promptly.

All officers and chairmen of committees are requested to present their annual reports in writing.

#### ELECTION OF OFFICERS

Constitution—Article IV., Section V. "At the regular meeting held in May, elections shall take place . . ."

#### CANDIDATES AND THEIR OFFICE

President, Rosemarie Cornelis, 1 year; Vice-President, Mary O'Connor, 1 year; Corresponding Secretary, Carolyn Smyth, 1 year; Registrar, Grace Tisne, 1 year; Directors: Juliette Southard, Elizabeth Shoemaker, Gertrude Gehm, 2 years.

An urgent appeal is made to the members to attend this meeting—we must have a quorum to elect our officers. This is YOUR society.

#### DUES

Have you paid your dues? You must be in good standing to vote. Dues have been accepted in small payments so as to help the members.

#### AMENDMENT TO CONSTITUTION

The amendment proposed at the April meeting shall be voted upon. Article VI shall be amended to read: "The Annual Dues of this Society shall be Six Dollars (\$6.00) payable on application for membership

and thereafter payable on Oct. 1st, of each year . . ." If carried, this becomes effective with the fiscal year beginning with Oct. 1st, 1933, to Oct. 1st, 1934. The dues cover local, state, and national dues, and receipt of the magazine.

#### ANNUAL STATE SOCIETY MEETING

Syracuse, May 11-12, 1933

Hotel Onondaga

Come and lend your interest and support, and meet your co-workers in the state, and profit by the many splendid clinics and other features.

Rosemarie Cornelis and Carolyn Smyth will be our official representative and clinicians.

#### FROM CALIFORNIA

The dental assistants of Pasadena, Long Beach and Los Angeles, Cal., are very happy to announce to their co-members in the A. D. A. Ass'n. that not a single casualty befell them during the recent earthquake, though a number of the offices were materially damaged. The members of the Long Beach Society proved to be very capable in "first aid" work in the stricken area and did daily twelve-hour duty for about a week, helping those in distress. Deep appreciation is expressed for the many messages received by the above societies from the various societies and members throughout the country. It is a splendid demonstration of the fine fellowship and community of interest that "belonging" to an organization like the A. D. A. Ass'n. makes possible. ZELLA EIGHMY, 6777 Hollywood Blvd., Hollywood, Cal.

# *The* Dental Assistant

*A Monthly Publication*

A Journal for Dental Assistants Devoted to Their Interests and Education

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All communications for publication must be in the hands of the Editor on or before the tenth of the month previous to publication. Publication of statements, opinions, or other data is not to be understood as an endorsement of same by the magazine or its publishers.

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NEW YORK CITY, MAY, 1933

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## EDITORIAL DEPARTMENT

### A Timely Suggestion

IN THE "Here and There" column in this edition, there is an announcement of a state society's annual meeting which should be of more than passing interest to dental assistants who are members of the dental assistants' societies throughout the country, especially those who are officers therein. We have numberless times been told that "cooperation is the lubricant of success," and no doubt we have within ourselves thoroughly agreed with this statement, but how much do we actually endeavor to lubricate the wheels of success with that precious, all powerful motive power CO-OPERATION? If every society would follow the example of the Nebraska Dental Assistants Association (the FIRST society to be organized for dental assistants) the sum and substance which is contained in the last few lines of their announcement, to wit: "It is the aim of this meeting to draw closer together the societies of the Seventh District by having members from each society in attendance, and contributing to the program," they would strengthen themselves and ALL their fellow dental assistants.

Instead of setting up a wall of exclusiveness for ourselves in our respective organizations, we should follow Nebraska's example of friendly co-operation, and unselfish spirit of helpfulness, a helpfulness that would include every woman who follows dental assisting as an occupation. The societies for dental assistants EVERYWHERE were organized on the principle of disseminating educational information that would help and encourage all dental assistants, and for that reason the meetings are open to non-members, dentists, hygienists, and all others who may be interested to attend, that these persons might spread the doctrine of professional service which is the aim and ideal of all sincere dental assistants. Another splendid activity that might be copied by all State Associations for an Annual Meeting, is the plan of holding a study class or two. Nebraska will have a class on "Radiography" and another on "General Laboratory Assistance," both given by eminent members of the dental profession, experts in these subjects. There are a host of subjects that would be of interest and value for such classes. The more we know, whether we actually have to apply it in our present position or not, is to our advantage, and the more we share our knowledge with others, the BETTER we become ourselves.

J. A. S.



## "The Voice With A Smile"

**D**OES it pay to cultivate a "voice with a smile"? Emphatically YES. . . . Not long ago, the telephone rang in a certain dental office and the dental assistant using her customary formula, "Good morning—Doctor Blank's office; Miss Jones speaking," was asked, "Is this the Doctor Blank who formerly had an office in . . . ? (another city in another State). Being assured that it was, the caller asked for an immediate appointment, stating that they were in town for a few days and wanted some dental work done during that time. The assistant arranged a suitable time and then asked where this person was located so that she might direct them how to reach the office in the easiest way. These directions given, the assistant closed the interview with a pleasant "Doctor Blank will be very pleased to see you again Miss Smith. Thank you for calling. Good morning."

The patient arrived, and the Doctor asking her if she had any difficulty in finding the office, was assured that Miss Jones had so nicely explained the best mode of transportation, she had had no trouble at all. Following the examination and necessary preliminaries to a series of appointments, etc., the patient said, "You know, Dr. Blank, I had completely forgotten your first name, or initials, and there are two other dentists by your name in the telephone book. I called one of these before I tried your phone number, and the nurse replied in such a curt, uninterested manner, I was glad when she said that Dr. Blank had never had an office in ——. When I called your number, your nurse was so courteous and kindly, and she was so gracious in directing me to your office, that I was coming to you, even if it turned out that you were not the Dr. Blank that had worked for me some twenty years ago, as I was sure your office and you must be just as nice as my reception over the telephone." This greatly pleased Dr. Blank, of course, and he was glad to tell his assistant of this patient's reaction and compliment.

Why is it that so many people are charming to meet face to face, but the moment they pick up a telephone receiver, they become another personality? In these days of progress, when so many contacts of a professional, business, and personal nature are carried on over the telephone, it becomes most imperative that we realize the great importance of a courteous, interested, kindly manner, reflected in our vocal tones. Not effusive or cloying, but truly a voice that pleases the ear—a voice with a smile. It pays big dividends, and the investment is found in a blending of common sense and good breeding.

J. A. S.

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## Please Note

The majority of the societies for dental assistants closing their season's activities in May for the summer recess, the Publication Board has decided to combine the June and July issues into one copy. All data for publication must reach the various editors by May 20th. The issue will be mailed about June 15th. The data sent in must be of June and July importance.

JULIETTE A. SOUTHARD, *Editor*

## Here and There

Robina A. McMurdo, 140 East 80th Street, New York City

### American Dental Assistants Assn.

The Ninth Annual Meeting of the A. D. A. A. will be held at the Stevens Hotel, Chicago, August 7 to 12, 1933. The opportunity of holding this meeting during the time of the Centennial Dental Congress, will afford the privilege of attending one of the *greatest dental meetings* of our time, as well as visiting Chicago and the Century of Progress Exposition. Altogether, this offers a vacation week of uncommon variety and inspiration. If you have not already made your hotel reservations, please write the Hotel Chairman, Miss Betty Brown, c/o Dr. M. D. Eddelman, 4554 Broadway, Chicago, Ill., who will be glad to assist you in securing satisfactory accommodations.

RUTH F. ROGERS, *Pres.*, A. D. A. A.

### Georgia State D. A. Assn.

Fourth Annual Meeting will be held at the De Soto Hotel, Savannah, Ga., June 12, 13, 14, 1933. Each district will give clinics, the best one to be awarded a trophy to be held for one year. The district having the largest representation will also receive a trophy, held for one year. An instructive program has been arranged and a cordial invitation is extended to the members of the dental profession. PHOEBE HAYES, *President*, 619 Grant Bldg., Atlanta, Ga.

### D. A. Assn., State of New York

Fifth Annual Meeting will be held at the Hotel Onondaga, Syracuse, N. Y., May 11, 12, 1933. Many special features of interest will be introduced at this meeting. All members of the dental profession, dental hygienists, and dental assistants are cordially invited to attend. ZOA H. DICKHAUT, *President*, 344 Woolworth Bldg., Watertown, N. Y.

### D. A. Study Club, B'klyn, N. Y.

The Fourth Annual Meeting will be held May 19, 1933, at 8 P. M., at 62 Hanson Place, Brooklyn, N. Y. MAUREEN O'SULLIVAN, *Ch'm. Publicity*, 145 Halsey Street, Brooklyn, N. Y.

### Cincinnati D. A. Assn. (Ohio)

Meets May 26, 1933, 7 P. M., at the Hotel Gibson, Clubroom A. Es-sayist, Miss Clara L. Breen, of the Equitable Life Assurance Society, Subject: "Looking Towards the Future." Dr. E. R. Cumley, *President*, Cincinnati Dental Society, will be a guest. The annual group clinics will be presented in the Medical Dental Rooms, Union Central Bldg., May 19, at 8 P. M. A cordial invitation is extended to all dental assistants to be present. The society is offering a prize to the member bringing in the greatest number of new members during 1933. HELENE F. MYERS, *President*, 6019 Madison Road, Cincinnati, Ohio.

### Los Angeles D. A. Assn. (Cal.)

Meets May 12, 1933, at 1106 South Broadway, at 6:30 P. M. Speaker, Dr. Leslie Eames. Topic: "The Value of an Efficient Dental Assistant in the Taking of Impressions." The study club for the month will be a follow-up of impressions by Dr. Eames. ZELLA EIGHMY, *Publicity Ch'm'n.*, 6777 Hollywood Blvd., Hollywood, Cal.

### Long Beach D. A. Assn. (Cal.)

The Long Beach Society is still so unsettled as the result of the recent earthquake, they are not in a position to resume programs at the present time.

### Pasadena D. A. Assn. (Cal.)

Meets May 11, 1933, at the Alpine Chalet, So. Mentor and Green

Streets, Pasadena. Dinner at 6:30 P. M. Clinician, Dr. Carl Lucas. Subject: "Hospital Sterilization as Pertaining to Bacteriology." Miss Peterson, of Pasadena Junior College has been secured for a ten-week course in Public Speaking and Parliamentary Procedure, with the entire membership taking advantage of this wonderful opportunity. NORMA L. LEONARD, *Sec'y. Publicity Com.*, 441 E. California Street, Pasadena, Cal.

**Des Moines D. A. Study Club (Ia.)**

Meets May 8, 1933, at 7:45 P. M., at the office of Dr. A. B. Thompson, 714 Equitable Bldg. Clinician Dr. W. A. Lamphere. Subject: "Oral Surgery." PLUMA C. HUNTER, *Ch'm. Publicity*, 714 35th Street, Des Moines, Iowa.

**Indiana State Assn. of D. A.**

Annual Meeting at the Clay-Pool Hotel, Indianapolis, May 15, 16, 17, 1933, in conjunction with the sessions of the Indiana Dental Association. A booth will be devoted to the display of the magazine, "The Dental Assistant." ETHEL MACK, *President*, 208½ S. Anderson Street, Elwood, Ind.

**Valley Dist. D. A. Society (Mass.)**

Annual Banquet and election of officers in May. Will participate in Massachusetts State Dental Society meeting at the Hotel Statler, May 1, 2, 3, 4, with a novelty, "The Diplomat," and a clinic, "Easing the Way." JANE KIRKPATRICK, *Ch'm. Publicity*, 316 High Street, Holyoke, Mass.

**D. A. Assn. of Maryland**

Meets May 3, 1933, at the Hotel Lord Baltimore, in conjunction with the Tri-State Meeting of the Maryland State Dental Association. The members will present a clinic entitled, "The Dental Assistant's Part in Dentistry." The Annual banquet will be held on May 2nd, at the Hotel Lord

Baltimore. The Annual Meeting with 10th, at 533 N. Howard Street, Baltimore, Md. LILLIAN C. HUMBERG, *President*, 2912 Reuckert Avenue, Hamilton, Md.

**Nebraska D. A. Assn.**

Sixteenth Annual Meeting, Omaha, May 16-17. Headquarters at the Hotel Conant. A choice of two classes is being offered; one on "Radiography" by Dr. Arlo Dunn of Omaha, and one on "General Laboratory Assistance," by Dr. J. M. Prime of Omaha. Beulah Stockton, *President-elect* of the Kansas State Dental Assistants Society and Margaret Peltier, associated in the same office, will give a paper and clinic on, "Assisting with the Juvenile Patient." Marjorie Thornton, *President* of the Iowa State D. A. Assn., will read a paper on "The Qualifications of the Dental Assistant." It is the aim of this meeting to draw closer together, the societies of the Seventh District, by having members from each society in attendance and contributing to the program. MILDRED STEVENSON, *President*, 501 No. 27th Street, Lincoln, Neb.

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**Eastern Society of Dental Anaesthetists**

The May Meeting will be held Friday evening, May 19th, at the Hotel Westover, 253 West 72nd Street, New York City. The guest essayist will be Dr. Harry S. Moss of New York City. His subject: "A Nitrous Oxide Technique for Smooth Induction and Overcoming Resistant Cases." Dinner tendered to the essayist at 7:30 P.M., members and their friends invited. Lecture at 8:30 P.M. For reservations call Dr. Samuel L. Binder, *Secretary*, 624 Bergenline Avenue, West New York, N. J.

## Here and There—Continued

**No. Dakota State D. A. Assn.**

The Annual Meeting will be held in Valley City, N. Dakota, May 16, 17, 1933. An interesting program has been arranged with clinics by the members and addresses by prominent members of the dental profession. ESTHER MCGLYNN, *President*, 601 Black Bldg., Fargo, N. Dakota.

**Philadelphia Assn. Dental Nurses**

The Pennsylvania State Dental Meeting will be held in Philadelphia May 2, 3, 4. There will be a luncheon for Dental Assistants at the Sylvania Hotel, Juniper and Locust Sts., Thursday May 4th, 11:30 sharp. All members of the dental profession, dental assistants, and their friends are cordially invited. Juliette A. Southard, Founder of the A. D. A. A., will be one of our guests of Honor. In the afternoon, the dental assistants associations of Pennsylvania will present table clinics at the Bellevue-Stratford Hotel. MARY E. HILLMAN, *President*, 1520 Spruce Street, Philadelphia, Pa.

**Portland D. A. Society (Ore.)**

Meets May 9, 1933, at 622 Selling Bldg., 7:15 P. M. After Election and Installation of Officers, the annual "Fun Night" will be the feature of the evening. This will be the last meeting until October. HARRIET G. HAMANN, *Ch'm. Publicity*, 1003 Selling Bldg., Portland, Ore.

**Wisconsin State D. A. Assn.**

The Third Annual Meeting will be held in Neenah, Wis., May 22nd, 1933, in conjunction with the Fox Valley Dental Society. Official headquarters will be in the E. R. A. Building, where all sessions will be held. Interesting clinics will be presented by members. A luncheon will be held at the Valley Inn, Beth Ehmke, Toastmistress. A cordial invitation is extended to all dental assistants and dental hygienists to at-

tend. MILDRED M. REIS, *President*, 360 Cherry Street, Green Bay, Wis.

**Ontario Dental Nurse's and Assistants' Association**

The Second Annual Convention of the Ontario Dental Nurse's and Assistants' Association (the first Provincial Association to be organized in Canada) will be held at Toronto, May 15, 16, 17, 1933, headquarters at the Royal York Hotel. Among the outstanding members of the Dental Profession who will be guest-speakers are, Dr. Samuel Harris of Detroit, Mich., specialist in children's dentistry; Dr. W. W. Cogswell of Colorado Springs, Colo.; Dr. Gordon P. Jackson of Toronto, Medical Health Officer. Clinics will be given on various phases of assistance, by members of the local chapters affiliated with the Ontario D. N. and A. Ass'n., and there will be an exhibit of posters relating to the work of the dental nurse and assistant. On Monday, May 15th, at 6:30, a High Tea will be held as a welcome to the visiting assistants, and on Tuesday, May 16th, a Complimentary Luncheon with literary and musical program. On Wednesday morning there will be a general business session and election of officers. A most cordial invitation is extended to all American Dental Assistants who would like to visit Toronto at this time. Come and help build the International Spirit into our convention. MARION EDWARDS, R. N., *President*, 538 Huron St., Toronto, Canada.

**Pennsylvania State Dental Society**

Fifth Annual Meeting, May 2-4, 1933, at the Bellevue-Stratford Hotel, Philadelphia, Pa. S. A. SALSMAN, D.D.S., *Ch'm. Publicity*, 210 Fairmount Avenue, Philadelphia, Pa.

